

ERIE COUNTY DEPARTMENT OF HEALTH - ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR A PROPERTY TRANSFER CERTIFICATION

All information must be supplied except that noted (optional) for a complete application

Address of Building_____ Town_____

Type of Building ☐ Residential Number of Bedrooms _____ Number of Occupants _____

☐ Commercial Give current building use _____

Has building been occupied for the last 30 days? yes ☐ no ☐

Note: Property transfers will only be performed on occupied residences/structures. Vacant structures must obtain an Exception allowing inspection after occupancy by the buyer.

Sewage Disposal System

Water System

Individual/Private ☐ Public ☐ Individual/Private ☐ Public ☐

Name of Seller _____ Phone: _____

Address of Seller _____

Sellers Attorney _____ Phone: _____

Sellers Attorney's fax number _____ Attorney's E-mail (optional): _____

Realtor (optional) _____ Phone: _____

Address of Realtor (optional)_____

Name of Buyer if known _____ Phone: _____

Address of Buyer _____

Buyers Attorney _____ Phone: _____

Buyers Attorney's fax number _____ Attorney's E-mail:(optional)_____

Fee Schedule:

\$300.00	– Sewage Disposal System – only
\$196.00	– Individual Water Supply – only
\$496.00	– Both sewage and individual water
\$150.00	– Inspection done by Licensed Professional

Enclosed is a check or money order, payable to the Erie County Commissioner of Finance for \$_____ in payment for the requested certification.

Date _____

Signature of Applicant

Anticipated Closing Date

The certificate will be faxed to the seller's attorney unless a stamped, self-addressed envelope to the desired recipient is attached to this application. If self addressed letter is provided check box ☐

PLEASE COMPLETE AND RETURN TO: Erie County Health Department
95 Franklin Street Room 906
Buffalo, New York 14202